EAU CLAIRE PARKS AND RECREATION - ATHLETIC TEAM REGISTRATION CARD

TEANA NIANAE		FOR OFFICE USE ONLY			
TEAM NAME		INITIALS	DATE	RECEIPT#	AMOUNT PD
PREFERRED DAY OF PLAY: (CIRCLE ONE) SU LEAGUE: O COED O N TEAM STATUS: NEW F	M TU W TH MEN O WOMEN RETURNING	League Plac	ement		
	ELEPHONE (home)	☐ H <u>S</u> ☐ S	ASKETBALL OCKEY <u>OFTBALL</u> low Pitch ast Pitch		VOLLEYBALL A B C D E I Competitive VI Recreational V
E-MAIL (please print) T	ELEPHONE (cell)	(spe		AL REQUESTS e considered, not o	guaranteed)
TEAM MANAGER ADDRESS CITY STATE	ZIP CODE				
EAU CLAIRE PARKS AND	RECREATION - ATHLETIC	CTEAM R			
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TEAM NAME PREFERRED DAY OF PLAY: (CIRCLE ONE) SU LEAGUE: COED N	M TU W TH	INITIALS League Place	FOR OF		AMOUNT PD
TEAM NAME PREFERRED DAY OF PLAY: (CIRCLE ONE) SU LEAGUE: O COED O N TEAM STATUS: NEW F	M TU W TH MEN O WOMEN	League Plac SPORT: B H	FOR OF DATE ement ASKETBALL OCKEY OFTBALL	FICE USE ONLY	VOLLEYBALL A B C D E Competitive VI
TEAM NAME PREFERRED DAY OF PLAY: (CIRCLE ONE) SU LEAGUE: O COED O M TEAM STATUS: NEW F PREVIOUS TEAM NAME (if applicable)	M TU W TH MEN O WOMEN RETURNING	INITIALS League Plac SPORT: B H S S	FOR OF DATE ement ASKETBALL OCKEY	FICE USE ONLY	VOLLEYBALL A B C D E Competitive V
TEAM NAME PREFERRED DAY OF PLAY: (CIRCLE ONE) SU LEAGUE: O COED O M TEAM STATUS: NEW F PREVIOUS TEAM NAME (if applicable) T TEAM MANAGER (name) T	M TU W TH MEN O WOMEN RETURNING FELEPHONE (home)	INITIALS League Plac SPORT: B H S S F	ement ASKETBALL OCKEY OFTBALL low Pitch ast Pitch	FICE USE ONLY	VOLLEYBALL A B C D E Competitive VI Recreational V

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